400495 US Rec'd PCT/PTO 15 AUG 2005

10/521291

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With Initial Filing		Filing (eurcharge (37 CFR 1.16 (e))		Art Unit				
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I hereby declare that:								
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.								
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is regimed and for								
which a patent is sought on the invention entitled:								
SIGNALLING DEVICE TO MAKE THE ADMINISTERING OF MEDICAL PREPARATIONS EASIER								
(Title of the Invention) the specification of which								
is attached hereto								
OR								
was filed on (MM/DD/YYY) 01/13/2005 as United States Application Number or PCT Internation								
Application Number PCT/EP03/07545 and was amended on (MM/DD/YYYY) (if application Number PCT/EP03/07545)							(if applicable).	
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
l acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for								
and the national or PCT international filing date of the continuation-in-part application.								
hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign continuous c								
inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign								
application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign App Number(s)	lication	Country	Foreign Filing	Date	Priori			opy Attached?
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.								

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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiallty is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. DECLARATION - Utility or Design Patent Application Direct all The address OR Correspondence associated with correspondence to: 46155 address below Customer Number: Name Address City State ZIP Country Telephone Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wiliful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Given Name (first and middle (if any)) Family Name or Surname Rainer Fritz Robert Doll Inventor's Signature 04-07-05 Residence: City Citizenship Country <u>Duvenbornsweg 5</u> D-21379 Schamebeck Germany Mailing Address City State Zip Country NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Given Name (first and middle [if any]) Family Name or Sumame Inventor's Signature Date Residence: City State Country Citizenship Mailing Address City State Zip Country Additional inventors or a logal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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